



Volunteer / Intern Application

Please print clearly in ink. Do not leave blanks.

Date of Application: ____/____/____ Date of Birth: ____/____/____ Age: ____

Name:(Last) _____ (First) _____ (MI) _____

(Maiden Name) _____ (Preferred Name) _____

Sex: Male Female Race/Ethnicity: _____

Marital Status: Single Married Divorced Number of Kids and Ages: _____

Local Address: _____

City: _____ County: _____ State: _____ Zip: _____

Off-Campus Address (for college students): _____

City: _____ County: _____ State: _____ Zip: _____

Phone Numbers: (home) _____ (wk) _____ (cell) _____

E-mail address: _____

Any other States you have lived in: _____

Emergency Information:

Name: _____ Relationship: _____

Phone: (home) _____ (wk) _____ (cell) _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation/Title: _____

Highest Level of Education: _____ Degree: _____ Year: _____

Institution: _____ Major/Minor: _____

Special Skills / Hobbies / Interests: _____

Organizations / Clubs: _____

Past Volunteer Experience:

Dates	Agency	Supervisor	Duties	Reasons for Leaving

Previous Crisis Intervention or Suicide Prevention experience and/or training? Yes No

If yes, please explain: _____

How did you hear about our agency? _____

Check all volunteer opportunities that you are interested in:

- Internship
- Volunteer on-call advocate (i.e. responding to rape victims in ER)
- Volunteer crisis hotline advocate (i.e. responding to rape victims on crisis hotline phone)
- Volunteer child advocate (i.e. accompany child/family with in-house services)
- Volunteer administrative support (i.e. answering phones, scheduling appointments, assist with filing and mailing)

Days and Times Available: _____

Please list three **professional** references **including one employer**. *Please do not list friends/family members.*

1. Name: _____ Relationship to you: _____
E-mail: _____ Telephone Number: _____
2. Name: _____ Relationship to you: _____
E-mail: _____ Telephone Number: _____
3. Name: _____ Relationship to you: _____
E-mail: _____ Telephone Number: _____

Please read each statement carefully, you will be asked to sign your name in confirmation that your responses are indeed true and accurate. Check "Yes" or "No" as applicable. If you answer "Yes", please explain in detail in the space provided. We will further discuss this information in your interview as well as have you complete S.L.E.D. and DSS Background checks.

1. Have you ever been arrested, convicted or pled guilty to a crime? Yes No

If yes, give date(s), charge(s), and disposition(s) _____

2. Have you ever been investigated by DSS (Child Protection Services)? Yes No

If yes, give date(s) _____

3. Are you, or someone you are close to, a survivor of domestic violence? Yes No

If yes, have you received counseling? ____ Yes ____ No Completion Date _____

(Answering yes to this question will in no way play a part in your eligibility to become a volunteer) *Please refer to Policy # 8

4. Are you, or someone you are close to, a survivor of sexual assault or abuse? Yes No

If yes, have you received counseling? ____ Yes ____ No Completion Date _____

(Answering yes to this question will in no way play a part in your eligibility to become a volunteer) *Please refer to Policy # 8

5. Do you have any health or physical limitations? Yes No

If yes, explain: _____

I (*your name*) _____ agree that all of my responses to the above statements are true and accurate: _____ (*initial*)

My statements set forth in this application are true and complete. I understand that any false statements or omission of facts may be cause for denial into the volunteer/intern program and/or termination. I give authorization to Beyond Abuse to conduct an investigation into my background and understand this is a part of the requirements prior to becoming a volunteer/intern. I understand that Beyond Abuse will not be responsible for any personal injury or property loss, which may occur to me while performing volunteer/intern services. I also understand that I will not receive any compensation from Beyond Abuse or the individual or anyone else for serving as a volunteer/intern. Beyond Abuse will not turn away any individual due to race, color, religion, national origin, sex, sexual orientation, age, or marital status. Volunteers/Interns are accepted and/or placed at the discretion of the Victim Services Manager or designee.

I understand that this application is part of a process. The first step is to seek acceptance into the volunteer training program I may need, if applicable. Acceptance into the Beyond Abuse Volunteer/Intern Program is established upon successful completion of all steps in this process.

Signature

Date

Please complete the “Volunteer Window of Work.” It will be a primary indicator in helping us find a special place for you. By providing this type of information, we hope to tailor your volunteer position just for you. If we can find a good “fit” for you, we can provide you with an enjoyable and rewarding volunteer experience that will benefit you as well as our clients.

Instructions:

<p>Window 1: In the first pane of this window under “Wise Whys,” write down why you decided to become a volunteer for this organization</p>	<p>Window 3: The third pane is for listing your “Quests,” those things you yearn to learn more about or skills you would like to develop in life.</p>
<p>Window 2: In the second pane “Glad Gifts,” list any talents, skills, interests, hobbies, etc. you do well that you enjoy. If you do it and like it, list it!</p>	<p>Window 4: In the fourth pane “No-No’s,” list what you do not like or what you never want to be asked to do.</p>

VOLUNTEER WINDOW OF WORK

<p>(1) Wise Whys</p>	<p>(3) Quests</p>
<p>(2) Glad Gifts</p>	<p>(4) No-No’s</p>

Volunteer/Intern Policies and Procedures

1. For interns and volunteer on-call advocates, an initial 25 hour volunteer training is provided at no charge by Beyond Abuse. Successful completion certifies volunteers to respond to the Emergency Room to provide victim advocacy and to answer Crisis Hotline calls.
2. For volunteer child advocate and administrative support, an initial 8 hour volunteer training is provided at no charge by Beyond Abuse. Volunteers may also participate in a complete 25 hour volunteer training, if desired.
3. Each volunteer/intern must sign and adhere to the Confidentiality Statement. No victim will be discussed or named by a volunteer/intern at any time other than with Beyond Abuse staff members.
4. Volunteers/Interns will be subject to a background check through SLED (State Law Enforcement Division) and DSS (Department of Social Services). In the event that a volunteer/intern has an arrest record, the Victim Services Manager will determine the severity of the crime and make a judgment to approve the volunteer to perform direct services.
5. Three (3) references must be provided. All will be contacted by letter or phone.
6. Volunteers/Interns should be over 18 years of age.
7. Volunteers must have access to a phone, a car, and live within a thirty-minute response radius of the hospital to be scheduled for "on-call" victim support for the emergency room.
8. Volunteers/Interns who have been victimized must receive counseling to overcome trauma issues. Counseling should be completed within a year of applying for the volunteer/intern status. If not, please include your counselor as a reference or have him/her send a letter of recommendation. Please note: When a volunteer states that s/he has a history of abuse, a precautionary assessment is required with an agency counselor prior to volunteering or going on call.
9. Volunteer meetings are held monthly and attendance is **mandatory** for all volunteers. Volunteers are required to get 4 hours of continuing education each year, except for the first year.
10. Call schedules are mailed monthly to each volunteer. Conflicts with schedules should be reported to the Victim Services Manager immediately. If assigned dates are Monday through Thursday, please note that on-call hours begin each day at 5 pm and end the following morning at 8 am. If assigned dates are Friday through Sunday, on-call hours begin Friday at 2 pm and end Monday at 8 am. On-call hours for Saturday and Sunday begin at 8 am Saturday and end at 8 am on Sunday.
11. After responding to the Emergency Room and/or Hotline, victim assessment and/or crisis call forms should be given to the Victim Services Manager within **24 hours** of the call. This enables the staff to complete victim support in a timely manner.
12. Volunteers/Interns must complete Volunteer Hour Log Forms at the end of his/her shift, and return by the end of the month to Victim Services Manager.
13. Professional service boundaries are required between volunteers/interns and victims at all times.
14. Beyond Abuse discourages any volunteer/intern from accepting gifts from victims.
15. Complaints of volunteer/intern misconduct will be investigated by the Victim Services Manager in conjunction with the Sexual Assault Program Director. Action will be taken as determined by the Executive Director according to the severity of the infraction.
16. Volunteers/Interns are encouraged to participate in public speaking engagements, health fairs, vigils, etc. in the community.
17. A committed volunteer/intern at Beyond Abuse is different from being a volunteer/intern at other organizations due to sensitive victim contact and committed hours. A firm commitment to the agency for a minimum of six (6) months is requested. Assess your availability before entering training.